



TITLE V ANNUAL COMPLIANCE CERTIFICATION REPORT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN52738 (12-05)

PART 1. General Information:

Name of Company and Facility: _____

Facility Location: _____

Reporting Period: _____ Permit No.: _____

Person Completing Form: _____ Title: _____

Phone No.: _____ Mailing Address: _____

PART 2. Compliance Status of Monitored Emission Units (Emission units listed under Monitoring Requirements and Conditions section of the permit): Complete for each emission unit for which monitoring, recordkeeping and reporting is required (use additional sheets if necessary):

Emission Unit (EUI)	Contaminant/ Parameter Monitored	Emission/ Parameter Limit	Emission/ Parameter Limit Cond. No.	Method of Compliance	Monitoring Cond. No.	Recordkeeping & Reporting Cond. Nos.	Compliance Status (Indicate 1, 2 or 3)*

Emission Unit (EUI)	Contaminant/ Parameter Monitored	Emission/ Parameter Limit	Emission/ Parameter Limit Cond. No.	Method of Compliance	Monitoring Cond. No.	Recordkeeping & Reporting Cond. Nos.	Compliance Status (Indicate 1, 2 or 3)*

***Compliance Status:**

1 = Continuous Compliance (CC): Continuous compliance means collection of all monitoring data required by the permit under the data collection frequency required by the permit, with no permit deviations, and no other information that indicates permit deviations.

2 = Continuous Compliance Except (CCE): Continuous compliance, except for those permit deviations noted in the two semi-annual monitoring reports covering this period.

3 = Unknown (e.g., waiting for test results.)

PART 3. Compliance Status of Facility Wide and General Conditions:

For the reporting period, the facility was in compliance with the Facility Wide and General Conditions listed in the permit, except for those permit deviations listed in the semi-annual monitoring reports covering this period.

Yes, to the above statement ☐

No, to the above statement ☐

PART 4. Other Permit Terms and Conditions:

For the reporting period, the facility was in compliance with all other permit terms and conditions listed in the permit not addressed in Parts 2 and 3 of this report, except for those permit deviations listed in the semi-annual monitoring reports covering this period.

Yes, to the above statement ☐

No, to the above statement ☐

PART 5. Certification of Truth, Accuracy and Completeness:

I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in this report are true, accurate and complete.

Print Name of Responsible Official

Title

Signature of Responsible Official

Date

Note: Also, submit with this report: the Semi-Annual Monitoring Report (SFN 52737) for the period from July 1 - December 31, if required.

Send this report to:

ND Department of Health
Division of Air Quality
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947